

County: Dane

Facility ID: 4510

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INGLESIDE

407 NORTH 8TH STREET

MOUNT HOREB 53572

Phone: (608) 437-5511

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 119

Total Licensed Bed Capacity (12/31/00): 119

Number of Residents on 12/31/00: 109

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

Yes

Yes

112

## Services Provided to Non-Residents

## Age, Sex, and Primary Diagnosis of Residents (12/31/00)

## Length of Stay (12/31/00) %

	No	%	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	25.7
Home Health Care	No						1 - 4 Years	40.4
Supp. Home Care-Personal Care	No						More Than 4 Years	33.9
Supp. Home Care-Household Services	No		Developmental Disabilities	0.9	Under 65	8.3		
Day Services	No		Mental Illness (Org./Psy)	33.0	65 - 74	4.6		
Respite Care	Yes		Mental Illness (Other)	3.7	75 - 84	37.6		100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	36.7		
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.9	95 & Over	12.8		
Congregate Meals	No		Cancer	0.9				
Home Delivered Meals	No		Fractures	9.2		100.0		
Other Meals	No		Cardiovascular	13.8	65 & Over	91.7		
Transportation	No		Cerebrovascular	12.8				
Referral Service	No		Diabetes	0.9	Sex	%		
Other Services	Yes		Respiratory	1.8				
Provide Day Programming for Mentally Ill	Yes		Other Medical Conditions	22.0	Male	33.9		
Provide Day Programming for Developmentally Disabled	Yes			100.0	Female	66.1		

## Method of Reimbursement

Level of Care	No.	%	Medicare (Title 18) Per Diem Rate	No.	%	Medicaid (Title 19) Per Diem Rate	No.	%	Other Per Diem Rate	No.	%	Private Pay Per Diem Rate	No.	%	Managed Care Per Diem Rate	Total No.	Percent Of All Residents
Int. Skilled Care	0	0.0	\$0.00	3	4.5	\$128.82	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	2.8%
Skilled Care	9	100.0	\$293.53	62	93.9	\$109.16	0	0.0	\$0.00	32	94.1	\$142.11	0	0.0	\$0.00	103	94.5%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	2	5.9	\$142.11	0	0.0	\$0.00	2	1.8%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	1	1.5	\$164.86	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.9%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	9	100.0		66	100.0		0	0.0		34	100.0		0	0.0		109	100.0%



### Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00